Social medicine

A personal history: social medicine in a South African setting, 1952–5. Part 2: Social medicine as a calling: ups, downs, and politics in Alexandra Township

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This is the second and concluding part of a personal history of social medicine in South Africa in the early years after the second world war.

As described in part 1 of this account, upon entry to the Witwatersrand University Medical School (''Wits'') in 1945, Zena Stein and I were mutually committed to a kind of practice that might alleviate the lives of needy communities. In South Africa, that arena was necessarily among ''non-whites''. On learning of the work and theories of Sidney and Emily Kark, it was at once evident that we could hope for no better exemplars. Their example had to do not with their comfortable personal relationship, but with their practice of a form of medicine that could be socially meaningful.

To our dismay, in 1948 the Nationalist party led by D F Malan, its totalitarian sympathies undisguised, won a majority in the first post-war election.[1] A name change to the National Party conveyed the false assumption of national representativeness. Yet for the next 45 years apartheid (''apartness''), was the governing doctrine. The revised name masked planned inequality sustained by outright racism. Necessary to that system was a repressive political apparatus and almost undiluted power. As a medical student at Wits in the mid-1930s Sidney Kark, a leading figure in student politics both at Wits and nationally, had expressed a strong social bent. In this lamentable post-1948 era the Karks, pressed by an unsympathetic new regime, had perforce to balance their proclivities against sustaining a government funded mission. The sensible course was to abjure overt political action.

For our own part—students free of such constraints—we felt compelled to espouse the political cause of equal rights for all races. In the aftermath of the second world war, the promise of political reform had sparked the enthusiasm of many returning to civilian life. Within a year, brutal suppression of the black gold miners of 1946 solidified that interest. Their wages had remained virtually unchanged since the turn of the century. Quartered in crowded barrack-like compounds, they would descend each day into depths a mile or more underground. Now, they simply refused to leave the compounds. Eventually heavily armed State police did not hesitate to use their lethal weapons to herd the miners back to work. To a degree not previously seen, that naked brutality spurred an anti-apartheid movement. Black, white, and mixed race opposition leaders began to make common cause across their organisations.

As all medical students must do, in our last years of study we began to weigh plans for our future work. Our ideas remained focused on social medicine. Michael Hathorn and Margaret Cormack, a married couple, were our fellow students, our close friends, and our political comrades. Together with them, as our medical studies drew to an end in the late 1950s we began to discuss possibilities for a joint health centre practice. Government hostility to such overt anti-apartheid activity as ours precluded the possibility of any government posts, not excepting Kark inspired health centres. The British protectorates of Basutoland and Swaziland—small enclaves in the centre of the subcontinent—promised less oppressive politics if not better resources. We began negotiations with the Director of Medical Services of Basutoland, which lies atop the spectacular Drakensberg (Dragon's mountain) range.

Margaret, younger than the rest of the quartet and not diverted from her studies by war service, was a year ahead of the remaining three and had already graduated. She had taken up a position as medical officer at the Alexandra Health Centre and University Clinic under Joel Krige, the recently appointed superintendent. Joel had been recruited from a rural health centre in the developing Kark system. The clinic had been set up in Alexandra in the late 1930s under the direction of Sister Ruth Cowles, a nurse supported by the American Board Mission. She had begun her work with a nursing service in the city in the early 1920s. When she found that the main body of her patients was walking the eight to ten miles from the new ''township'' of Alexandra on the northern outskirts of the city, she moved her clinic there.

Named for the Queen of England early in the 20th century, this ever growing black township was peopled by rural immigrants in search of work and cash to help cope with the growing money economy. A rare feature made the township highly attractive to the better off among black people. Because of a peculiarity of property law, outright freehold ownership of the plots was open to all races. In the space of roughly one square mile, by the mid-1940s ''Alex'' housed an estimated 80 000 Africans. None the less, it shared the characteristically depressed and poverty stricken state of all such places at that time. Yet it was by mere chance a special place for black people. The township was founded after white entrepreneurs, failing to attract white people to a suburb on the site, obtained the right to sell plots to black people. Thus, by happenstance black people in Alexandra gained the right to freehold ownership of land and their own elected non-white municipal health board. They shared that right with only one or two urban sites across the country.

The rapidly growing demand for labour in ''Egoli'' (the City of Gold) readily absorbed a steady flow of raw rural immigrants who moved into Alexandra. In 1940, after Sister Cowles retired, forward looking Wits medical students had helped convert the clinic into a medically directed centre. The medical school faculty was farseeing enough to include a compulsory clinical 17 day clerkship at Alexandra during the penultimate year of study. Alongside the existing home for the medical superintendent, a residence for students accommodated the dozen or so during the clinic rotation. For white students, sheltered from the often harsh realities of urban life for Africans, the experience was invariably illuminating.

The governing board of the Alexandra Health Centre comprised several

Figure 1 Alexandra Health Centre and University Clinic by Dr Kim Benusan.

Johannesburg eminences. The chair and leading figure was Supreme Court Justice Oliver Schreiner, (nephew of Olive Schreiner, pre-eminent South African novelist of the 19th century). Vice chair was Trevor Ramsbotham, respected judge of the Transvaal Provincial Supreme Court. Funding came from charitable donations, the small fee paid by patients, and the carnival of the student ''rag''. On a spring day each year, students took to the streets of the city. Colourful floats disguised the workaday flatbed trucks on which they were built. Aboard the floats, students bedecked in outlandish costumes descended to brandish their collection boxes before the multitude of onlookers lining the streets.

Joel Krige's term was short lived; within a few months of his appointment he fell victim to a mortal heart attack. (The youngest of six brothers, Joel was at least the fourth so afflicted by a familial gene—the heritage of the first Flemish settlers of 1652.[2]) Margaret, left in charge, was alone in her medical duties excepting some part time help. The board advertised for a new superintendent, planning to supply funds for 3.5 medical staff positions in all. Three nuns of a Canadian Catholic order were in place; they supervised some 30 trained black nurses and nurse/midwives and the small clerical staff.

Meanwhile it struck us that, rather than ourselves creating the health centre practice we had envisaged, Joel's untimely death had opened a new option. Alexandra, already in place, could very well provide the venue we sought for the practice of a social medicine. The subcommittee appointed to judge the applicants to replace him included the chair and vice chair of the board, the heads of the three major clinical departments of the medical school, and a student representative. In our favour was the presence of the departmental chairs, to whom we were well known. At once we drafted a joint application for the 3.5 medical posts.

Our notion, we explained to the subcommittee members, was that the half time position could very well be put to good use among the four of us: for example we might each take spells of study leave either to advance our clinical skills or to devote time to research. We argued that, meagre as were the available 3.5 salaries in total, our two families would make do with them. For Zena at that particular time, moreover, a part time position would be a welcome relief. She would soon need the domestic freedom to attend to our 2 year old daughter and the imminent expected birth of our second child. The vice chair—although not the three departmental chairs—seemed to hesitate over the unorthodox collective we proposed. Hard pressed for clinical personnel, we assumed he yielded to necessity. We readily gave an assurance he asked for that later took on significance: in the event one couple should leave, the remaining couple would not follow suit for at least six months. Internships completed, in February 1952, the three of us joined Margaret at the clinic.

Sidney Kark always emphasised the need to achieve respectful personal relationships with all patients as a fundamental element of community oriented health services. For most white doctors and students practising among black patients in South Africa, that was a rare thing: the mode was the stance of superior white to inferior black. Yet in crowded clinics with a multitude of anonymous patients being served by whichever doctor or student happened to be available, personal courtesy was not easily sustained. We already shared the Kark view. After consulting with the Karks then centred in Durban, we at once set about changes to fortify such practice. The new arrangement split the service into three autonomous clinical units each assigned a defined population. To achieve the needed definition, we divided the rigidly ordered streets and avenues of the township into three

Figure 2 Nurse Hilda conducting a health education with mothers.

Figure 3 Margaret Cormack taken by Eli Weinberg.

Figure 4 Michael Hathorn taken by Eli Weinberg.

roughly equal areas. Each of the three full time doctors, together with a part timer and the nurses assigned to it, took responsibility for the population of one area. Although the Canadian supervisory nursing sisters were reluctant, perhaps because a part of the control over nursing staff might be yielded to the medical staff, the board accepted our plan. At once the four of us, helped by several student volunteers, cleared and reassigned all the records to the unit appropriate for the address over a single hectic weekend.

Late in 1953, Zena was pregnant with our third child and still doing half time duty. By the grace of fortune alone, each birth followed at strictly two year intervals. Always research minded, she used her free time to begin collecting the data to write an account of the clinic. We undertook this task at the urging of the great Dr Cicely Williams. As a medical officer of the British Colonial Service in West Africa through 1930s, she was famous for recognising the often fatal infant syndrome she described by its native name of *kwashior kor*, for discovering its cause in severe malnutrition, and for devising treatment by breast and appropriate supplemental nutrients. During the second world war, imprisoned in Singapore by its Japanese conquerors as an enemy alien, she had also done heroic work in helping her fellow female prisoners survive the virtual starvation diet provided them.[3]

As a travelling fellow of the Nuffield Foundation in England, Cicely had high on her list in South Africa the Gillman brothers, keen and imaginative nutritionists at the medical school. They sent her on to us at Alexandra, as regularly they did with visiting dignitaries from abroad (among them were some who turned out to have a future role in advancing our careers). From the time of our first excited meeting followed by discussion that continued into the night at her hotel in the city, Cicely had made herself a fast friend and a sponsor. She insisted that we write an account of our work and activities at Alexandra. She assured us she would tout for it with her friend Robbie, (Theodore Fox), editor of the *Lancet*.

Much encouraged Zena, taking advantage of her pregnancy leave, set to work. Early on, we had introduced a data system for abstracting, from the substantial body of records accumulated by the clinic, basic data subject to enumeration. Having first assembled the data, she assembled them into a paper of 40 foolscap pages. We thinned the paper down to manageable size for the *Lancet*, and happily Dr Fox accepted it. In his always courteous and charming hand written letter, he invited us to visit him should we at any time be in England (as indeed we did at his *Lancet* office and at his Surrey home). Published under our collective authorship, one might make a modest claim for material in the paper then unique.[4]

We sustained our collective practice at Alexandra for some four years in all. Hectic and extremely demanding, the work was also full of unanticipated rewards. Most of all, perhaps, we relished the warmth of a flourishing relationship with the black people of all classes in the township. Out of necessity, we learned rapidly day by day. Our clinical skills were sharpened in confronting familiar if often lethal childhood infections, several forms of chronic infection, and rarer diseases among immigrants from neighbouring countries. With the help of one time mentors on the faculty of the medical school and excellent visiting specialists, we improved our technical capacities in obstetrics, cardiology, chest disease especially tuberculosis, venereal disease, and much else. Each specialist held regular sessions at the clinic to see patients we referred. For these, we selected patients with difficult conditions needing opinions more expert than our own.*

Despite the obvious disparity in training between ourselves and our visiting consultants, these arrangements turned out to be mutually beneficial. Naturally, the consultants were skilled especially within the narrowly drawn limits of hospital practice. For them, Alexandra offered a welcome expansion of their experience of disease among Africans. We referred to them a range of exotic as well as everyday conditions in unusual guise, some of which seldom entered the ken of specialists practising among white people in the city. For example, one instance involved some cases of post-puerperal myocardial failure, puzzling at first encounter but eventually illuminating for all involved. None of the cognoscenti I consulted could enlighten me as to the nature of the condition. However, a brilliant former student and friend, Harold Seftel, happened to have discovered several similar cases at Baragwanath, the large teaching hospital in Soweto. In a literature search, we were delighted to discover early reports of a few cases in Paris in the 1890s, and another series from the American South.[5]

Demanding as was the heavy daily clinical load, we made time to participate in a random sample survey of township households, to my knowledge the first and for long the sole such survey anywhere in Africa. The survey was instigated by Alfred G Oettlé, MD, pathologist at the medical school, as the basis for a unique population study of cancer in an African population. The survey was designed by statistician Walter Lutz, a friend with common political interests The survey of households was executed by Helen Navid, a close friend and political comrade. A social scientist, Helen was director of the Entokozweni Social Centre in the township. Its brief was to promote education in healthy living, family support, and social development, and we collaborated in many such activities. Riding ''piggyback'' on the survey, in each home in adults we measured blood pressure, and in children administered tuberculin patch tests as well as measuring height and weight.

Political opposition was virtually obligatory for non-white South Africans of that time. It was no less so for the minority of white people opposed to the general deprivation and subservience to which the always repressive state subjected non-white people. Individually or in pairs, we conducted small seminar groups among local residents in Alexandra, many of whom had minimal formal education. The study groups aimed at describing and analysing the history and political structure of the South African state, as well as exploring the possibilities of political action to gain relief from oppression and ultimate freedom. With the passage of the Suppression of Communism Act of 1950, the Nationalist majority conferred enormous powers of surveillance and

*The most distinguished among them was probably the cardiologist Maurice McGregor, subsequently dean of medicine at McGill University in Montreal.

control on the government. This savage act effectively denied political liberty and suppressed dissent. Subjection of black people grew more severe, surveillance of all in open opposition routine, and imprisonment for breaches of the act easily imposed. Caution was a modus operandi for all pursuing the course of resistance.

As the year 1954 neared its end, the first major change in our arrangements at Alexandra occurred. Not long before, the Natal University Medical School in Durban had been created specifically for non-white people. Our dynamic one time teacher Theodore Gillman accepted the chair of physiology. The school, an initiative of the pre-apartheid government, was none the less in conformity with both the segregationist principles of apartheid, and with society's unlabelled practice of racial segregation and unequal rights. None the less, the new school attracted a strong liberal dean and faculty who saw in it a hope for advancing black education. To our loss, Teddy Gilman at once recruited Michael Hathorn to a lectureship in physiology to start in May 1955. It was not so much that Michael was exhausted by the unending flow of patients, as that he was attracted by the chance to use the full range of his talents. His medical training enhanced the training he had acquired in engineering before entering medical studies. Unsurprisingly, at once Sidney Kark then also snapped up Margaret. His training health centre in social medicine (initially established in Durban to meet the anticipated needs of the unrealised national network of health centres) had been integrated into the new medical school as a department of family practice, epidemiology and community medicine. Soon thereafter ''Ockie'' Gordon, the newly appointed dean, invited us to join the department faculty.

At successive stages in our careers, this school had a significant place, each time contrasting with the previous. To begin with, we opposed the very idea of a new segregated school. In 1946, the government's *Botha Commission on Medical Education* was weighing the question of expanding the corps of black doctors. The commission took evidence from faculty and students of the medical schools about the form this should take. In particular, they were exploring the question of a new medical school specifically for black doctors. The commission gave students and faculty the opportunity to appear before it. Wits medical students were represented by Sydney Brenner (recently a Nobel prize winner), Julien Hoffman, Victor Pollak, and Philip Tobias (a paleoanatomist several times nominated for the Nobel), and myself—all now scholars abroad. Each made a strong pitch on a specific aspect. My own task was to draw from the cogent American literature on the reported ill effects of segregated education. Citing especially that literature, uniformly we objected to a new school that would separate black people (so called non-Europeans) from privileged white ''Europeans'' (all the latter also from ''non-Europe''). In 1940 Raymond Dart—a famous and eccentric paleoanthropologist and professor of anatomy—had used his powers during a spell as dean to admit black medical students for the first time. Before the commission, we were able also to point to the outcome, positive for all who experienced it, of Raymond Dart's early initiative in mixing all races.

Despite opposition, in 1952 a new medical school was created at Natal University in Durban. Despite all, an accomplished and dedicated faculty was recruited, and under its enlightened leadership the school did in fact flourish. At the outset, for lack of other options virtually all faculty were white. On the positive side, with the end of apartheid in 1994 a substantial number of black people from the Durban School was available to take leadership positions both in medicine and in the more general political milieu. With the segregated past behind the country, we have ourselves sustained strong academic connections with the school and with several previously antiapartheid activists now among the faculty.

From May 1955 Zena and I, unhappy at the loss of our friends and partners and uncertain of our next step, continued hard pressed at Alexandra. I undertook to act as director. With our sharply reduced medical staff, we had of necessity to trim the huge caseload. Our chief mechanism was to expand the appointment system, an innovation we had introduced some time before. Excepting Sidney Kark's health centres, for African patients up to that time the courtesy of appointments was virtually unknown. We survived for scarcely a year thereafter.

To explain how and why, one must remind readers that from 1948 and until the 1994 transition in South Africa, the government was under the control of Afrikaners affiliated to the Nationalist Party and committed to racial ''segregation''. In 1961 their leader, the rigid ''race supremacist'' and ideologue H F Verwoerd, finally cut ties with the British Commonwealth and declared a republic. Always hostile to black aspirations, this was fertile ground for Hitler's brand of frank racialism. Race theory provided a neat fit for the political predilections and the structure of Verwoerd's apartheid state. In the white Afrikaner state, black people had no legitimacy other than as labour. In the cities, they were obliged always to carry and show official passes to prove the legitimacy of their presence there. Any movement to promote racial equality would provoke attempts to suppress the attempt. Where black opposition grew militant, the guns forbidden to black people were ruthlessly brought to bear. Traditional black tribal authorities under appointed chiefs were confined to separate ''homelands'' (so called Bantustans, or mini-states with no prospect of independent development). This dispensation froze the historic oppression of black people into intended permanence. Their minimal participation in any political process of the Afrikaner Republic was reduced to zero.

The years spent at war against Nazism and Fascism sharpened the obligation to oppose the not unrelated racism in South Africa. In 1948, the victory of their ideological imitators was all the more bitter. The 1950 Suppression of Communism Act aimed, beyond its alleged target, to destroy active support of equal rights for non-white people. The act put at risk any political activity that crossed the bounds of the government's definition of communism. At Alexandra, an occasion soon arose in which the joint activities of the Hathorns, Zena, and myself could, in those terms, be taken to border on political crime. Although we had scarcely gone much beyond study groups and the like, we all understood that more direct action might be required of us and that the ultimate goal was political transformation. We aimed first to develop political consciousness in the township. This called for greater

Figure 5 Senior lecturer, then reader, department of social and preventive medicine, University of Manchester, UK, 1960–65.

political and social understanding than could be garnered from the routinely poor education most black people could acquire.

Four or five months after the Hathorns had left for Durban to join the new medical school, delegates from the African National Congress (ANC) came to see me in my office at the clinic. The ANC had called for a mass meeting in Alexandra on the coming Sunday. The organisation had been growing in militancy under the influence of its fiery Youth League (led by Nelson Mandela, Walter Sisulu, Oliver Thambo, Diliza Mji, and others with whom we had cooperated in protest). The platform was to include both the national and the local leadership and also a few accessible local sympathisers. One issue close to us was on the agenda. Our colleague Helen Navid at Entokozweni had recently been ''named and banned'' under the Suppression of Communism Act. Asked to join the platform, and honoured to be asked, I agreed without hesitation.

On Wednesday of the Sunday before the meeting, Judge Ramsbotham, vice chair of our board, asked to meet me in my office. His purpose, obscure to me, turned out to be straightforward. Politely, he asked that I not join the platform that Sunday. For Justice Schreiner as chair of our board, he explained, the situation was extremely delicate. The Justice was a major and admired figure on the bench of the Supreme Court. The limited vote accorded coloured people in the Cape Province was entrenched in the founding constitution of the country in 1910. A parliamentary vote was placing that vote in jeopardy. The legitimacy of the vote, however, was under consideration by three members of the Supreme Court, and Justice Schreiner was the most influential of them.

Were I as superintendent of the clinic to sit on the platform of this major ANC meeting, Judge Ramsbotham went on to say, given his chairmanship of the clinic board the government would not hesitate to use the always available communist smear against the Justice. I thought for a moment, and could see no way out but politely to refuse the request. Judge Ramsbotham then said, ''I am sorry, but if you refuse I shall have to ask you to resign.'' ''Sir,'' I said, ''I cannot do it—I have promised to appear on the platform''. Then I must now ask you to resign'' he said. I replied: ''Sir, I can neither renege on my commitment, nor resign on grounds irrelevant to my work. I can only say that it is your choice, not mine. If you must be rid of me, then it is you who must terminate my appointment''.

The discussion at an end, I assumed my tenure was over. I wrote a letter to the board to say that Zena and I would vacate our positions at the end of the month. Much as we regretted leaving Alexandra, we did not mourn for long. No sooner was the news of our termination out than we had a call from Dean Ockie Gordon in Durban to ask if he could visit us at the clinic. The visit, it turned out, was an effort to renew a previous effort to recruit us. Sidney Kark would soon have in hand a grant of £40 000 pounds from the Rockefeller Foundation to support two faculty positions in his newly formed department of community and family medicine (where Margaret Cormack was already in place). We needed no urging: Zena's parents lived in Durban, and the new medical school was recruiting an excellent faculty, several of whom we knew. We rented our cottage and moved to Durban in May 1955.

Two stings reside in this tale. Ordinarily, medical students coped quite comfortably with routine off duty business. To cover more serious emergencies through the night and over weekends at the clinic, however, we maintained a duty roster rotating among the four of us. Calls from students or sisters came only occasionally. It happened that on the Sunday of the ANC meeting I was due to attend, I was the medical officer on call. Near midday on the very Sunday of the meeting, I was called about a serious emergency from a motor accident. The main road from the city of Johannesburg to the administrative capital in Pretoria passed by the clinic a mere one hundred yards away. A disastrous motor vehicle accident there had caused casualties more serious than the sisters and nurses could cope with, and they needed advice and help. A rapid 10 minute drive took me the few miles to the clinic. There, the sister and nurses and the students confronted me with five patients. At a glance all seemed seriously injured. I was at once fully occupied. For the rest of the day I was assessing the injuries, putting up ''drips'' to supply blood or fluid as the case demanded, stitching wounds, and immobilising fractured limbs. Despite our efforts, two of the five patients died.

In the event, then, by sheer force of that circumstance I could not fulfil my contentious decision to attend the ANC meeting nearby. In truth, no thought of it even crossed my mind. This is not quite the end of our Alexandra story. Just five months before, the Hathorns had resigned and left for Durban. As noted, during our joint interview for the positions at Alexandra, we had given the undertaking we were asked for that, should either one of the two couples leave, the remaining couple would not leave before six months had passed. Although 31 August marked only the end of the fifth month since the departure of the Hathorns, we gave the issue no thought. After the exchange with Judge Ramsbotham in which, should I attend the ANC meeting, he demanded my resignation under duress, it seemed clear to me that the undertaking was void. In his sharp legal eyes, that was not the case. As we were about to leave for Durban, I received a long, accusatory, handwritten letter from the judge. The letter charged me with resiling from the commitment made at our joint interview for the Alexandra jobs four years before.

The letter astonished me. The judge was a man reputed in the courts for his uprightness and decency. At best, I could only think that he was perhaps dealing with some unease about his own action that precipitated the premature departure of myself and therefore of Zena. As I saw the situation, it was not I who had terminated our service.†

On principle, I had refused to renege on a commitment to stand up and be

† In an odd quirk of memory, it occurred to me recently that I never did receive any formal written notice of dismissal. I have searched both my memory and such files as I retain and find no trace of such a document. I can only conclude that I never did receive such notice.

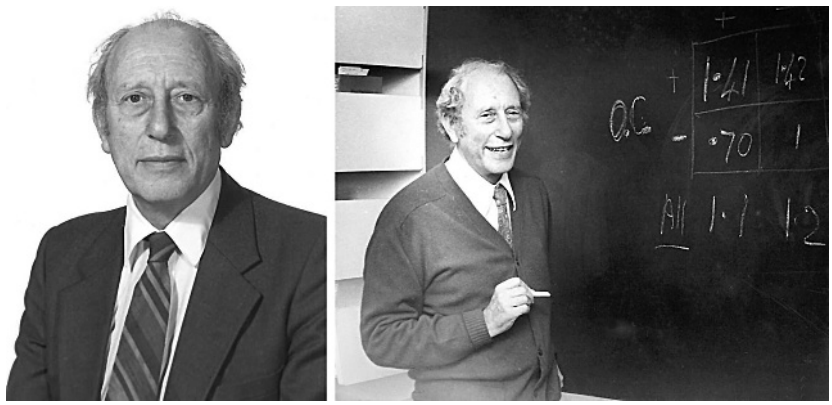

Figure 6 Founder/director, Gertrude H Sergievsky Center, Columbia University and Gertrude H Sergievsky professor of epidemiology.

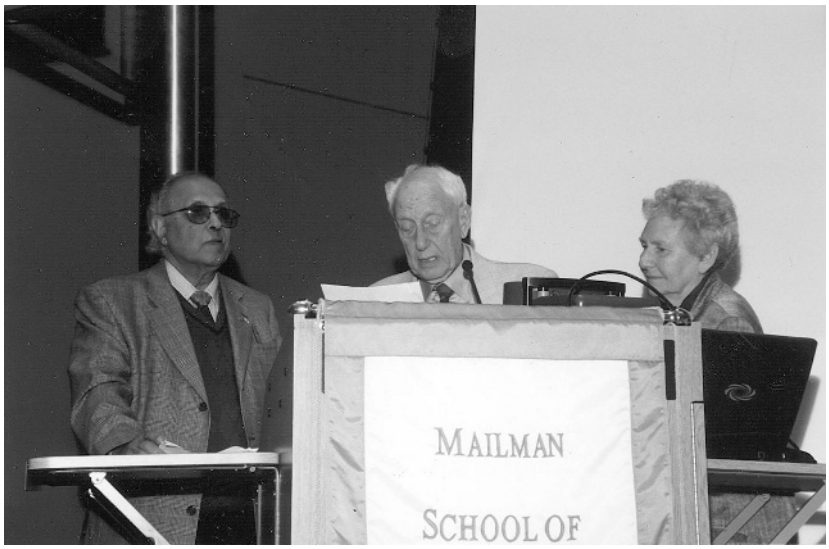

Figure 7 Mervyn Susser with Zena Stein at their 80th year celebration held by the Mailman School of Public Health, Columbia University, reading Nelson Mandela's letter of congratulations to them, which was brought on his behalf by Ahmend Kathrada (Nelson's prison companion for 27 years).

seen. Perhaps the judge was seeking to justify an action about which he was uneasy. The judge's demand, seen objectively, was in one respect a matter of a different if disinterested political calculation. With justification, he wished to protect the critical position of Judge Schreiner on the Supreme Court. Seen more broadly, Judge Schreiner's position made him the protector of the integrity of the parliamentary process. In the circumstances, the demand he made on me was indeed a critical one. In retrospect, then, I must admit to qualms about having been too intransigent. Technically, Judge Ramsbotham was after all within his rights to upbraid me for our departure before six months had passed since the Hathorns had left.

At this point, it was obvious that we should accept Dean Gordon's offer in Durban. We did so with regrets but without further ado. With Zena's agreement, I wrote to Justice Schreiner as chair of the board to say that she and I would terminate our service on 30 March. Zena and I arranged to dispose of our small but quite charming cottage and drove down to Durban with our three small children (then ranged from 1 to 5 years old). It turned out that the funds for the new positions were not yet in hand, but awaiting a government review to approve acceptance of he two positions. While we awaited their advent, Ockie arranged temporary posts for us as senior registrars in medicine at King Edward VIII, teaching hospital of the new medical school. This was a large institution for black people always both overcrowded and understaffed, but we enjoyed the opportunity of refreshing our clinical skills.

One unanticipated joint reward for Zena and me was to arrive at a diagnosis of a small epidemic of a neurological disorder that perplexed the several physicians we consulted. At first a few men and women and then several adolescent boys were admitted with paralysis and wasting of the lower limbs accompanied by swelling of the parotid glands. The senior physicians confronted with these cases were nonplussed. We were old enough, however, to recall a dramatic episode described in the newspapers as a ''mystery disease'' during our schooldays in Durban in the late 1930s. Paralysis of the lower limbs had disabled the crew of a cargo ship docking at Durban, and then afflicted a number of victims seemingly at random.

Arising from the depths of memory, a suspicion of a possible recurrence crossed our minds. On checking in Donald Hunter's text on occupational medicine we convinced ourselves that this was indeed the definitive diagnosis of a new epidemic of the mystery disease. The initial episode, we then learned for the first time, was caused by a leakage from drums of tri-ortho-cresyl phosphate that contaminated the cargo of grain in the ship's hold. Ultimately, the initial outbreak had been diagnosed by Dr Drummond, a distinguished graduate of the London Hospital and at this time, in his 70s, a venerable physician in the town. Dr Drummond readily agreed to consult and at once confirmed the diagnosis. We traced all the cases to a single complex of huts in the black slum in Cato Manor, and from there to the employment of one family member in a paint factory. Discarded empty drums were solid and well made, and the first affected adult admitted he had taken drums home for storing water for the family and also for brewing a local beer.[6]

Shortly before we left Alexandra, Justice Schreiner asked me to meet him in the evening at his home. The meeting turned out to be a warning about a politically delicate situation. As noted above, the black nursing staff of the clinic was under the supervision of three nursing sisters, the latter recruited from a Canadian Catholic nursing order. The sisters were never partial to the ideas we had introduced for medical reorganisation and personal care, and they were even less partial to the thoroughly leftwing political stance of the four members of our group. Justice Schreiner told me that the nursing sisters, on clearing Michael's locker in the clinic after his departure, had discovered a bundle of pamphlets.

Innocent enough to the ordinary eye, under the draconian and wide ranging new laws of 1948, some of the pamphlets quite possibly carried sufficient political content to prove incriminating. Our nursing sisters had passed the pamphlets on to Father Coleman, the local Catholic priest for the township and their own guiding authority. He in turn informed the Commissioner of Police for Alexandra Township. The commissioner in his turn informed Major Spengler, chief of the Special Branch. This was an investigative unit especially deputed to the specific task of controlling anything deemed to be political subversion. Under the terms of the Suppression of Communism Act of 1950, communism could be what the governments defined it to be. It was Major Spengler who had called on Justice Schreiner to warn him he had concrete evidence, apparent from the pamphlets in Michael's locker, of our possible illegal activity at the clinic.

None of us was any longer beholden to the board, although perhaps we might have been subject to some kind of legal sanction. Beyond his concern to avoid damaging the clinic as an institution, Justice Schreiner never made any reference, as well he might have, to the troubling personal consequences for him such of our activities could have precipitated. He was renowned as an honourable man. In hindsight, I believe his chief intent was to signal a warning for due caution.

On a recent South African visit close to 40 years later, we experienced an ironic postscript to the affair. Zena and I attended a passionate talk given by a granddaughter of the late Justice Schreiner. She was recounting her own experience, toward the end of the apartheid era only a few years before.

Figure 8 Portraits of Mervyn Susser and Zena Stein that hang in the Sergievsky Center.

Arrested and tried for subversive anti-government political activity, she was describing her imprisonment.

The Rockefeller grant was delayed, however. While we waited, Ockie arranged a temporary senior registrar post for each of us. By mid-December, the Rockefeller promise had not been fulfilled. At some time unknown to me during those months, Zena had wisely made a provisional booking to sail to England on the regular route of the Union Castle shipping line. On 1 January 1956, we sailed for England, with three children aged 1, 3, and 5 years old, three tricycles, three suitcases of clothing, and a trunkful of books. In 1956, during this supposedly temporary retreat to England from our difficulties at Alexandra, we did indeed visit Dr Fox in office and home. No one could have been more kind or courteous. Over the years before he retired, whenever apartheid issues entered the news he had me write editorials or commentaries (all were anonymous, the *Lancet* practice in those days).

Abroad thereafter, we persisted in mobilising antiapartheid campaigns. Over the next decade, *Lancet* editor Robbie Fox (by then Sir Theodore Fox) enabled us to enter the lists in the pages of this leading medical journal in editorials and commentaries, all in those days anonymous, on South African topics particularly. We were able thereby to decry bizarre policies: for instance, a new law that segregated and diminished black nurses; an act of 1959 that aimed to enforce not only the total segregation by race, but severe limits on the level of higher education that black people would be permitted; yet another, to ensure that in medical emergencies only white blood, ''pure'' of possible admixture from other ''races'', would be given to white patients. Soon after our arrival in England, another fuller piece was solicited by Dr Hugh Faulkner, editor of an interesting if less famous journal.[7] Zena also collected together the available data on the more than 3000 births delivered during our tenure. During our second year in England, once we had reorganised the data into a form subject to analysis, we completed that task and published the results.[8–11]

Early in 1957 we were recruited to the faculty of the department of social and preventive medicine of Manchester University. There we organised a local antiapartheid committee in concert with the London initiative of exiled South Africans and British supporters. Soon we had recruited a base of local Mancunian support. In 1966, after another wholly unplanned transcontinental move to the United States, we soon started similar antiapartheid activity (which happily ceased at the transition from a white to a black dominated government in 1994). The vehicle was the Committee for Health in Southern Africa (CHISA) that we founded in 1982.‡

We were pleased to find that in most South African Universities support was not lacking for our intrusion into the South African political scene. We found faculty and students of all the medical schools whether English or Afrikaans speaking (Natal, Wiwatersrand, Cape Town, Pretoria, Bloemfontein, and Medunsa) effective in maintaining a local antiapartheid campaign. Many of those active in the opposition to apartheid are prominent figures in the post-apartheid state.

‡The name derived from an intriguing metaphor based on the Chisa boy: deep underground in the gold mines of the Witwatesrand, he was the black miner responsible for lighting the dynamite sticks placed in holes drilled into the rock face to blast out of the rock the gold veins embedded in it.

J Epidemiol Community Health 2006;**60**:662–668.
doi: 10.1136/jech.2005.032763

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